V. S. No. 2
OM—9-4-41
5-17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9388

State File No.

FILED APR 14 1943

Registration District No. Primary Registration District No. 3400 Registrar's No. 66

1. PLACE OF DEATH
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Laughlin Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 8 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Callaway
(c) City or town Fulton Mo. R.F.D. #5
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #5
(If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME HAROLD KIDD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 9 (Day) 1923 (Year)

8. AGE: Years 20 Months Days 4 If less than one day hr. min.

9. Birthplace Ainsworth (City, town, or county) Neb. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Agriculture
FATHER
12. Name Chas. Kidd
13. Birthplace Madison (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Maude Noulin
15. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Chas. E. Kidd
(b) Address Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Millers Creek, Mo.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) 3/15/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13
year 1943 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from MARCH 6, 1943, to MARCH 13, 1943
that I last saw him alive on MARCH 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death LATE SURGICAL SHOCK AND
Due to Acute Hyperthyroid Crisis FOLLOWING
Due to Thyroidectomy FOR ACUTE EXOPHTHALMIC TYPE goiter
Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation Thyroidectomy 3/10/43
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Earl Laughlin Jr. (M.D. or other) D.O.
Address Kirksville, Mo. Date signed 3/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-43-73
Date Filed APR 13 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kahului

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.